
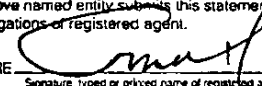
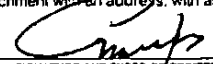


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/11/2007-90055-008-\$150.00-\$150.00.\*  
9/4/2007-90039-006-\$150.00-\$150.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 20 PM 4:42

<b>DOCUMENT # P06000009247</b>			
1. Entity Name <b>SINJIL BISAN, CORP.</b>			
Principal Place of Business <b>150 WEST 24TH STREET HIALEAH, FL 33010</b>		Mailing Address <b>150 WEST 24TH STREET HIALEAH, FL 33010</b>	
2. Principal Place of Business - No P.O. Box # <b>1800 W 49 ST</b>		3. Mailing Address <b>1800 W 49 ST</b>	
Suite, Apt. #, etc. <b>201</b>		Suite, Apt. #, etc. <b>201</b>	
City & State <b>HIALEAH FL</b>		City & State <b>HIALEAH FL</b>	
Zip <b>33012</b>	Country <b>USA</b>	Zip <b>33012</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>AL-SAD, FARES 150 WEST 24TH STREET HIALEAH, FL 33010</b>		7. Name and Address of New Registered Agent Name <b>Fares Al-SAD</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 W 24 ST</b> City <b>HIALEAH</b> FL Zip Code <b>33010</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AL-SAD, FARES 2055 SW 122 AVE #512 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV AHMAD, NIDAL A 6726 WHITE OAK DR. MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		B 9/21/07 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>8-20-07</b> Daytime Phone # <b>705-824-3537</b>	

Page 1 of 2

*Payed*

ATTACHMENT

40131047

Attn: Division of Corporations  
Tallahassee, FL

Re: Sinjil bisan  
Document # P06000009247

Dear Sir/Madam:


We had changed the address because we lost several mails including the annual registration form. Please find attached the form with the payment for the year 2007.

We are requesting from you please to wave the penalty for late filing, we did not know this procedures..

We apologize for the inconvenient.

We will appreciate your cooperation.

Sincerely,

  
Fares Al-Sad  
President